

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014627

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 39

Primary Registration District No. 4505

Registrar's No. 7

FILED APR 15 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY STODDARD	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCOTT	
1030	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ BY AFFIDAVIT OF	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELL CITY	Length of stay in lb 4 Hrs.	c. CITY OR TOWN ORAN
21000		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHETLEY NURSING HOME	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ORAN
3		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH
4 1		First MARY Middle Z. Last SCHRUM		Month MARCH Day 19 Year 1963
5 2		5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU COUNTY, MISSOURI
7 0		13a. FATHER'S NAME McCLARD	13b. MOTHER'S MAIDEN NAME DON'T KNOW	12. CITIZEN OF WHAT COUNTRY U. S. A.
8 2		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT LAURA CRADER Address ORAN, MO.
9 199.2		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic abdominal carcinoma DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH Days
10		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
12 86-0		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
13 3-0		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
	21. I attended the deceased from 3-7-63 to 3-19-63 and last saw her alive on 3-7-63 Death occurred at 5:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
	22a. SIGNATURE Thomas Waltrip, MD (Degree or title)		22b. ADDRESS Lickston Ave	22c. DATE SIGNED 3-26-63 (State)
	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 21 1963	23c. NAME OF CEMETERY OR CREMATORY FRIEND	23d. LOCATION (City, town, or county) ORAN MISSOURI
	24. FUNERAL DIRECTOR EARL J. SMITH F. H. ADDRESS ORAN, MO.		25. DATE RECD. BY LOCAL REG. 3-30-63	26. REGISTRAR'S SIGNATURE Bernice Moore

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Ore., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.